

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/594,938

FILING DATE

APPLICATION

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND. DEP.		IND. DEP.		IND. DEP.			IND. DEP.		IND. DEP.		IND. DEP.	
	1	1											
1	1						51						
2	1						52						
3	1	2					53						
4	1	1					54						
5	1	1					55						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		↓		↓	↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	17	←		←	←	←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	18						TOTAL CLAIMS						